AMERICAN ANNALS OF THE DEAF

FOUNDED 1847

Official Organ

Conference of Executives of American Schools for the Deaf

FOUNDED 1868

Convention of American Instructors of the Deaf

FOUNDED 1850

POWRIE VAUX DOCTOR, Ph.D.
Editor

D. ROBERT FRISINA, Ph.D.
Associate Editor

Under the Direction of the Executive Committee of the Conference

MARSHALL S. HESTER	New Mexico, 1960
Chairman	
ARCHIE F. LEARD	Saskatchewan, Canada, 1959
CARL F. SMITH	North Dakota, 1959
WILLIAM J. MCCLURE	Indiana, 1960
HUGO F. SCHUNHOFF	West Virginia, 1960
STANLEY D. ROTH	Kansas, 1960
EDMUND B. BOATNER	Connecticut, 1960
THOMAS K. KLINE	Illinois, 1960
GEORGE T. PRATT	Massachusetts, 1961
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MAY, 1959

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The American Annals of the Deaf

The AMERICAN ANNALS OF THE DEAF was founded in 1847 at the American School for the Deaf in Hartford, Connecticut, by the members of the faculty of that school, which is the first free public school for the deaf in America. Although the journal received the approval of the administrative school authorities, the periodical was first entirely sponsored by the members of the faculty. After two years the ANNALS was discontinued for some months but was revived by the members of the Convention of American Instructors of the Deaf in their first meeting in New York, N. Y., in 1850.

In June, 1861, the publication ceased because of the War Between the States, inasmuch as the membership of the Convention was made up of northerners and southerners in almost equal proportion. In September, 1868, the AMERICAN ANNALS OF THE DEAF resumed publication with the editorial offices on Kendall Green, in Washington D. C., where it has since remained.

The AMERICAN ANNALS OF THE DEAF is the official organ of the Conference of Executives of American Schools for the Deaf, which was organized in 1868, and of the Convention of American Instructors of the Deaf, founded in 1850. According to the Library of Congress it is the oldest educational publication in the United States still in existence. It is also the oldest journal on the education of the deaf in the world.

The ANNALS is published five times a year, being issued in September, November, January, March, and May. The subscription price is $5.00 a year, payable in advance. If five or more copies of the ANNALS are sent to one address, the subscription price is $3.50 a year. Single numbers sell for one dollar, except for the January number which sells for $3.00. Back issues are available for 1847, 1848, 1849, 1857, and from September, 1868, to the present. Indexes for 1847–1875, 1876–1885, 1886–1895, 1896–1905, are available at $4.00 each. Indexes for 1906–1915, 1916–1925, 1926–1935, 1936–1945, 1946–1955, were issued as regular numbers of the ANNALS and may be purchased for $3.00 each. From 1956 indexes are included in the regular November numbers at single copy price. All requests for subscriptions or for back numbers should be addressed to Editor, AMERICAN ANNALS OF THE DEAF, Gallaudet College, Washington 2 D. C.

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AMERICAN ANNALS OF THE DEAF

Vol. 104 May, 1959 No. 3

Announcements

The 39th regular meeting of the Convention of American Instructors of the Deaf will be held at the Colorado School for the Deaf and Blind, Colorado Springs, Colorado, June 28–July 3, 1959.

Edward R. Abernathy, President
Sister Rose Gertrude, Secretary

Official Call for the Thirty-first Regular Meeting of The Conference of Executives of American Schools for the Deaf

The thirty-first regular meeting of the Conference of Executives of American Schools for the Deaf will be held at the Colorado School for the Deaf and the Blind, Colorado Springs, Colorado, on June 28 to July 3, 1959, for the purpose of conducting the necessary business, including reports of the officers and chairmen of standing committees, and the election of executive committee members, and such other business as may properly come before the meeting.

Marshall S. Hester, President
Hugo F. Schunhoff, Secretary

The Third World Congress of the Deaf will be held in Wiesbaden, Germany, August 22 to 26, 1959, in the Rhein-Main-Halle. For further information write to Organisations-Büro für den III. Weltkongress der Gehörlosen, Deutscher Gehorlosen-Bund Gabelsbergerstrasse 2, Frankfurt am Main (Germany).

Conference on Health Aspects of Hearing Conservation

A Working Conference on Health Aspects of Hearing Conservation, sponsored by the Office of Vocational Rehabilitation and the Public Health Service in the United States Department of Health, Education, and Welfare, was held at the Mayflower Hotel in Washington, D. C., on May 18 and 19.

Dr. Aram Glorig of Los Angeles, California, acted as General Chairman for the Conference. Dr. A. L. Chapman of Public Health Service and E. E. Ferebee of the Office of Vocational Rehabilitation welcomed the delegates for their respective departments. Dr. Glorig spoke on "Hearing Conservation: Past and Future." Dr. Hallowell Davis of the Central Institute for the Deaf in St. Louis presented a paper on "The Relation of Research to Health Aspects of Hearing Conservation." Dr. Alice Waterhouse of the Public Health Service spoke on "Hearing Thresholds on a Representative Sample of Population," and Dr. Powrie V. Doctor of Gallaudet College on "Deafness in the 20th Century."

Dr. Peter N. Pastore of the Medical College of Virginia, Richmond, acted as chairman and Dr. Earl Schubert of Western Reserve University, Cleveland, as recorder of the Group Session on Early Casefinding. Dr. Dean M. Lierle, University of Iowa Medical School, Iowa City, acted as chairman and Mrs. Marion P. Downs, University of Denver, as recorder of the Group Session on Care. Dr. Francis L. Lederer, University of Illinois Medical School, Chicago, was chairman and Dr. Raymond Carhart of Northwestern University recorder for the Group Session on Rehabilitation. The chairman and recorder for the Group Session on Training and Research were Dr. Hallowell Davis of the Central Institute, St. Louis, and Dr. D. Robert Frisina of Gallaudet College, respectively.

Dr. Edmund P. Fowler, Sr., of New York City was the guest speaker at the Conference banquet. Dr. Boyce Williams, Consultant for the Deaf and Hard of Hearing, Office of Vocational Rehabilitation, Department of Health, Education and Welfare, and Alvin Harvel of the United States Public Health Service, represented their departments at the meeting.

Statistical Information Concerning the Deaf and the Hard of Hearing in the United States*

D. ROBERT FRISINA, PH.D., *Director*
Hearing and Speech Center
Gallaudet College, Washington, D. C.

A significant number of individuals among the U.S. population are confronted with the problem of hearing impairment. The incidence of hearing loss in the United States is estimated to be approximately two and one-half million. This is reflected in a recent report prepared by the Division of Research and Statistics, Office of Vocational Rehabilitation, Department of Health, Education and Welfare. (1) Based upon census figures

TABLE I

Estimated Number of Deaf in the U. S.[1]

Age in Years	U. S. Population July, 1953	Estimated Number of Deaf in the U. S. July, 1953
Males		
Under 15	23,148,000	15,000
15–24	11,075,000	9,300
25–34	11,910,000	10,800
35–44	10,992,000	11,100
45–64	15,994,000	20,200
65 and over	6,236,000	28,900
Total, all ages	79,354,000	95,300
Females		
Under 15	22,275,000	9,400
15–24	10,860,000	7,400
25–34	12,346,000	9,800
35–44	11,368,000	9,700
45–64	16,337,000	22,100
65 and over	7,088,000	34,400
Total, all ages	80,274,000	92,800
Males and Females		
Total, all ages	159,628,000	188,100

* This manuscript was prepared for distribution at the Working Conference on Health Aspects of Hearing Conservation in Washington, D. C., May 18-19, under the auspices of the Public Health Service and the Office of Vocational Rehabilitation, Department of Health, Education, and Welfare.

of 1940 and 1950, the total number of deaf and hard of hearing was reportedly 2,385,000. Table I summarizes, according to various age levels, the estimated number of deaf in the United States. Of the total population of the United States in July, 1953, the number of deaf was estimated to be 188,100, of which 95,300 were male and 92,800, female.

Public educational facilities for the deaf came into existence in this country in 1817. Since that time, the number and types of educational facilities have grown steadily. Therefore, it is likely that the major portion of the 188,000 deaf in the United States have been identified and provided educational experience. Table II summarizes a number of various types of educational facilities and the number of students enrolled in each. (2)

During three fiscal periods from 1955 through 1957, a total of 194,561 adults were reported to have been rehabilitated under the State-federal vocational program. (3) Among these were 3,699 deaf persons and 8,966 hard of hearing.

TABLE II

Facilities for School-Age Deaf in U. S.[2]

Type of Educational Facility	Number in U. S.	Number of Children Enrolled
1. Public Residential Schools	71	15,237
2. Public Day Schools	10	1,827
3. Public Day Classes	206	5,964
4. Denominational and Private Residential Schools	16	1,286
5. Denominational and Private Day Centers	45	1,001
6. Special Schools and Classes for Multiple Handicapped:		
(a) Deaf-Blind	8	78
(b) Deaf and Mentally Handicapped	5	107
(c) Deaf and Crippled	1	14
(d) Deaf and Cerebral Palsy	2	11
Totals	364	25,525

Table III reflects the estimated number of hard of hearing in the United States. (4) It is interesting to note that approximately 53% of the hard of hearing are 65 years old or over. The 65 and over age group constitutes the largest single group (1,164,600) of hearing handicapped. This suggests that approximately 10% of the United States population over the age of 65 have hearing impairments and accentuates the overall problem of geriatrics confronting our nation at present. Recent figures suggest that among the 40 million school-aged children (5-17 years), only 0.5% (200,000) have "hearing problems of communicative and educative significance." (5)

TABLE III

Estimated Number of Hard of Hearing in the U. S.[4]

Age in Years	U. S. Population July, 1953	Estimated Number of Hard of Hearing in U. S., July, 1953
Males		
Under 15	23,148,000	31,700
15–24	11,075,000	34,700
25–34	11,910,000	49,200
35–44	10,992,000	97,300
45–64	15,994,000	309,600
65 and over	6,236,000	626,500
Total, all ages	79,354,000	1,149,000
Females		
Under 15	22,275,000	27,000
15–24	10,860,000	26,200
25–34	12,346,000	56,100
35–44	11,368,000	96,900
45–64	16,337,000	304,400
65 and over	7,088,000	538,100
Total, all ages	80,274,000	1,048,700
Males and Females		
Total, all ages	159,628,000	2,197,700

Since World War II, speech and hearing clinics have flourished in the United States, the British Isles, and in Western Europe. Table IV graphically presents the settings in which these clinics are located in the United States, the reported number of each and the case load. (6) The development of these facilities has aided in the earlier detection and treatment

TABLE IV

Speech and Hearing Clinics:

Various Settings in Which They Are Found in the United States[6]

Setting	Number	Approximate Case Load	
		Children	Adults
Colleges and Universities	200	10,432	16,826
Hospitals	97	18,051	30,975
Private	18	5,910	5,577
Schools for the Deaf	31	20,132	6,398
Medical Schools	50	(*)	(*)

* The average percentage of time devoted to diagnostic work was 57%, 39% devoted to therapy and 4% other.

of hearing problems in infants and children. This development has also resulted in more widespread attention to problems of hearing in adulthood and the greater utilization of prosthetic devices. Also, medical treatment of conductive-type hearing problems has progressed rapidly.

Improved medical techniques, earlier detection of developmental deviations and a steady increase in the general population apparently have been reflected in the number of multiple-handicapped hearing impaired children. Complete figures concerning multiple-involvements among the hearing impaired are difficult to determine. However, some attempts have been made, the results of which are presented in Table V. (7)

TABLE V

Multiple Handicapped as Reported in Facilities for School-Age Deaf in U. S.[7]

Type of Educational Facility	Number of Students						Total
	Aphasic-Deaf	Blind-Deaf	Cerebral Palsy-Deaf	Orthopedic-Deaf	Mentally Retarded-Deaf	Brain-Injured-Deaf	
1. Public Residential Schools	118	19	310	137	594	164	1342
2. Public Day Schools	60	0	32	8	144	5	249
3. Public Day Classes	211	17	177	41	262	75	783
4. Denominational and Private Residential Schools	50	8	28	0	7	16	109
5. Denominational and Private Day Centers	70	0	24	2	11	20	127
Sub-Total	509	44	571	188	1018	280	2610
Special Schools and Classes for Multiple Handicapped	.....	78	11	14	107	.....	210
GRAND TOTAL	509	122	582	202	1125	280	2820

Implications of the information presented in Tables I through V might be summarized as follows:

1. The number of hearing-handicapped individuals in the United States seems to be increasing. This probably results from a variety of influences, among which exist the factors of general population increase and improved prenatal and postnatal medical techniques. Some two and one-half million deaf and hard of hearing were among the United States population of 159½ million in 1953.

2. The incidence of multiple-handicaps seems to be increasing in proportions which are likely to demand greater attention from medical and non-medical specialties.

3. The earlier detection and apparent increase in the number of children with hearing impairments have created a demand for specially trained teachers which has seriously outstripped the supply.

4. Incidence of hearing impairment in the age range of 45 years and older includes approximately 85-90% of all those with hearing impairment and is perhaps not unrelated to extended life expectancy and our industrialized milieu.

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1. OVR Report No. 130-55, Division of Research and Statistics, Office of Vocational Rehabilitation, Dept. of Health, Education and Welfare, December 10, 1954
2. *American Annals of the Deaf*, Vol. 104, No. 1, January, 1959
3. Department of Health, Education and Welfare, Office of Vocational Rehabilitation. Rehabilitation Service; Series 360—Supplement 7, September 10, 1956, Series 421—Supplement 3, December 26, 1957, Series 450—Supplement 8, September 12, 1958
4. *Op. cit.*, OVR Report No. 130-55
5. Johnson, W. *Children with Speech and Hearing Impairments: Preparing to Work with Them in Schools.* U.S. Dept. of Health, Education and Welfare, Bulletin 1959, No. 5, p. 6
6. *Op. cit., American Annals of the Deaf*
7. *Op. cit., American Annals of the Deaf*

Information Centers, Indexing Centers and Journals Pertaining to The Education of the Deaf in the United States

1. The *American Annals of the Deaf*
   Gallaudet College
   Washington 2, D. C.
   This is the official journal of the Conference of Executives of American Schools for the Deaf and of The Convention of American Instructors of the Deaf. The *Annals* also serves as an Information Center on deafness.
2. The Central Index for the Deaf
   Gallaudet College
   Washington 2, D. C.
   This agency is actively engaged in indexing materials relating to deafness.
3. The *Hearing News*
   919 18th Street, N.W.
   Washington 6, D. C.
   This is the official journal of the American Hearing Society. This association acts as an information center for the hard of hearing and coordinates activities of its 110 member organizations in 32 states, the District of Columbia, and Canada.
4. *The Journal of Speech and Hearing Disorders*
   1001 Connecticut Avenue, N.W.
   Suite 532
   Washington 6, D. C.
   This is an official journal of the American Speech and Hearing Association.

5. The *Silent Worker*
   2495 Shattuck Avenue
   Berkeley, California
   This is the official publication of the National Association of the Deaf. It also acts as a center for information on the adult deaf.
6. The *Volta Review*
   1537 35th Street, N. W.
   Washington 7, D. C.
   This is the official journal of the Alexander Graham Bell Speech Association for the Deaf, Inc. The Volta Bureau is an information center on questions pertaining to the deaf and is located at the same address.

Administrative Procedures Concerning Admission of New Students to Residential Schools for the Deaf*

MARGARET S. KENT, M.A., HEAD TEACHER
Maryland School for the Deaf, Frederick, Md.

Obviously not all children who fail to learn to talk spontaneously in the normal manner cannot hear although in practice this has been a widespread assumption. In early times non-talking children were taken into schools for the deaf "on trial" and after the teachers had worked with them for several weeks or even months a judgment was made, based mainly on observation of behavior in comparison to the deaf children already in the school. Gradually we have become aware of the variety of reasons children fail to learn to talk and to use language in a natural manner. Such failure may be due to mental deficiency, that is, the task of integrating speech sounds which the child hears have only limited significance to him, so that he fails to learn to talk. The child who suffers a traumatic emotional experience at a critical age of one or two years of age when speech is emerging may withdraw from reality to the extent that speech is associated with "bad sounds". In his emotional isolation the emotionally disturbed or autistic child will not develop speech and language naturally. Neither the mentally deficient nor the emotionally disturbed child is a proper candidate for a school for the deaf but each requires very special educational and therapeutic programs to meet his particular needs.

There is another group of children who also fail to develop speech and language in the normal manner who may or may not have a hearing problem. These are the children who have suffered some degree of injury to the brain through disease or accident before birth, during the birth process, or in early childhood. Many of these children may appear to be deaf but careful evaluation points up the many differences between them and the children who have the single handicap of a hearing impairment.

Research is indicating that many of the children who, we assumed, were just deaf, that is, the site of lesion was peripheral or located within the mechanism of the ear itself, have an auditory impairment which involves the auditory system beyond the cochlea and may include auditory pathways

* This article is being reprinted and distributed to schools for the deaf in the Orient. A number of schools in various nations in the Far East have requested such information.

in the brain stem and even the language association areas of the cortex. In the light of our present knowledge it is not possible to state arbitrarily that all brain-damaged children should be excluded from a school for the deaf. The vast majority of children who appear to be just deaf have become so through accident or disease so that some degree of central nervous system involvement is a real possibility. Those children who are deaf through heredity and presumably have escaped central nervous system disturbance comprise a small and select group of hearing impaired children. Hence there is a great necessity to define and refine the manner in which we study and evaluate the children in a school for the deaf.

The evaluation of children who might attend a school for the deaf would well begin with those specialists usually found in a medical clinic or hospital. These people specialize in the diagnosis of children to determine which of a variety of conditions exists. This type of evaluation is referred to as differential diagnosis. The team of specialists study the nature of the disorder, its origin, development and symptoms. Among the specialists who would make examinations are the pediatrician, the otologist, audiologist, psychologist, and neurologist. Through the combined efforts of such specialists an initial evaluation of a child with an auditory disorder which may be related to mental deficiency, emotional disturbance, central nervous system disorder, or peripheral deafness, can be made.

Since it is not always practical for a child to be seen for the first time in a medical center or hospital, the school for the deaf should provide a preliminary evaluation using the consultant services of specialists or a diagnostic screening procedure involving the school psychologist, and audiologist. Through the use of a detailed case history, careful observation of behavior, and the use of appropriate psychological tests, it is usually possible to determine if a child should attend a school for the deaf. In cases of doubt, recommendations for further evaluation should be made to the medical center where more definitive tests may be administered.

A carefully planned "in-take" procedure in a school for the deaf begins with an initial interview when the parents and the child visit the school for the first time. A thorough case history is taken covering prenatal and birth data, early childhood illnesses, genetic development, and previous educational training. The school psychologist and audiologist may make tentative assessments of mental, social, motor, language, and auditory function. Observation of the child's behavior during the interview provide many revealing clues as to the status of the child. With reports from medical clinics at hand, the school administrator may, with reasonable assurance, recognize whether a child would benefit from the educational program offered in a school for the deaf. In the case where the child is not a proper candidate, the initial evaluation

provides information whereby the parents may be guided to seek further assistance.

If the child should be admitted to the school, the initial assessment is also helpful to the academic administrator in class placement. Information concerning the child's mental functional level, his ability or inability to communicate and to use language, an assessment of his hearing, and the social maturity level at which he is able to care for himself are valuable to the teacher who works with the child for the first time.

It is essential to recognize and define individual differences among the children who make up the population of the school for the deaf so that appropriate educational programs may be organized. The school population may be viewed in a variety of ways, each of which is valuable in relation to the educational implications which the administrator and teacher need to take into account.

The traditional and most obvious classification of children in a school for the deaf is according to the degree of residual hearing a child may have. A careful hearing evaluation which includes response to pure tone, bone conduction, and awareness or discrimination for speech should be pursued for each child. The results of auditory tests will determine to a large extent how much a child may benefit from the use of amplification. Both group amplification and individual hearing aids should be readily available in the school for all children who can use them. The administration then has the responsibility to provide a program of auditory training for those children who demonstrate the capacity to use audition in speech and language development.

One of the valuable clues toward appreciating individual differences is provided by the inconsistent results of auditory tests. Children will be found who are unable to respond consistently to pure tone and speech tests although they demonstrate in other ways that they have some ability to hear. Still other children will appear to be quite deaf but are able to understand speech when it is amplified sufficiently. These inconsistencies should be pursued through periodic reassessment of hearing which, together with the findings from other types of testing, may help to explain them, and demonstrate the learning potential of the individual child.

It is important for the administrator to give some consideration to etiology or the causes of the hearing impairment in the school population. The etiology is said to be endogenous when the cause is due to heredity and exogenous when it is due to accident or disease occurring at any time before or after birth. In a group of hearing impaired children the incidence of exogenous etiology is much greater than endogenous. That is to say, there are many more children with hearing impairments caused by accident or disease than there

are children who have inherited the handicap. Diseases which affect the central nervous system as meningitis, encephalitis, and measles may create learning problems in addition to deafness. It is important for the administrator and teacher to be aware of the relationship of atypical learning problems to etiological factors. Deviations in learning and behavior may be dealt with more constructively if the teacher is acquainted with some of the basic facts concerning an individual child.

Another valuable concept through which the school population may be viewed is age of onset. This is a time concept concerned with the age at which a condition causing the handicap occurred. Onset is congenital when it is present at birth and adventitious or acquired when the condition occurs after birth. The educational implications are obvious—the earlier the onset of an impairment the more severe the handicap is likely to be. That is to say, a child who becomes deaf from spinal meningitis before one year of age is likely to be more severely handicapped than the child who is stricken at age five or six from the same disease. Educationally the child who is handicapped at birth and never has had auditory experience will usually find it more difficult to achieve speech and language expression than the child who has had some normal auditory experience even if the period of normal acquisition was a brief one. Evidence is accumulating that there has been a shift in the ratio of congenital versus acquired deafness in school populations. Before the advent of antibiotics there seemed to be about an equal number of congenitally and adventitiously deaf children. Today there seem to be more children who are congenitally deaf or never heard and fewer children who became deaf in childhood. This shift may have been brought about by advances in medicine including the use of antibiotics and the general reduction of infant mortality due to improved medical practices. Teachers and administrators need to be aware of these factors in planning educational programs.

Traditionally, administrators and teachers are concerned with the facility with which a child is capable of learning. It is usually wise to separate the fast learners from the slow ones so that the interests of neither group are minimized. Psychological tests of mental ability should be administered on admission and at least once again during the child's school career. The performance type intelligence tests as The Nebraska Test of Learning Aptitude, Wechsler Intelligence Tests for Children, Arthur Point Scale of Performance Tests are useful in assessing the learning capacities of deaf children. The Chicago Non-Verbal Test is a convenient group test and relatively simple to administer. Since many valuable learning clues are uncovered when appropriate mental tests are given to the school population, the information which they provide

should be available to the teachers who work with the children.

It is apparent that an approach to teaching which emphasizes rather than minimizes individual differences requires diagnostic teaching. It is the task of the teacher and the administrator to plan a program for the early developmental years in which there is some time during the school day for the teacher to work with each child individually on a tutorial basis. She will explore the child's sensory modalities of visual, tactual, auditory, and kinesthetic senses. Through thoughtful observation of the child's reactions to the multi-sensory approach to training a highly individual learning pattern will emerge. The alert teacher will capitalize on the strong areas and work to strengthen the weaknesses. She will be primarily concerned with the degree to which the child learns to communicate with the people around him, both receptively and expressively. In the area of receptive communication she will be constantly assessing the ease or difficulty he may have in learning to lipread; to read words, sentences, and paragraphs from the printed page, to what degree he is able to learn to discriminate environmental and speech sounds with amplification. She will also be aware that his ability to acquire expressive skills in speech and written language will be more difficult to achieve and will therefore mature at a slower rate than receptive communicative abilities. For this reason she needs to be continually attentive to the relation between the receptive and expressive aspects of communication keeping in mind that there must always be reception of ideas and concepts before meaningful self-expression can occur.

Language expression is the most critical aspect of the education of the deaf child and the most difficult to achieve. The teacher should plan the early language developmental program around significant experiences of the young child so that he will gradually learn to express ideas which are meaningful to him. To deprive language of its social setting leaves it sterile and unproductive. The teacher should use every resource to make language expression significant and rewarding to the deaf child so that his ability to communicate develops to its maximum potential.

The traditional viewpoint which emphasizes in the main the differences in hearing acuity between the deaf and the hard of hearing is unrealistic in light of evidence which can be gained when other important factors of individual differences are studied in the population of a school for the deaf. Differential diagnosis helps us to determine the physical and mental status of the child through the combined skills of specialists who work as a team, usually in a medical setting. Diagnostic screening procedures are appropriately carried out in the school and provide valuable information for educational placement and planning. Evaluation of hearing which includes speech audiometry as well as pure tone reveals many important

clues to learning. Consideration of etiological factors and age of onset help administrators and teachers to set realistic academic goals and to plan to achieve them. Appropriate mental tests given more than once during the child's school years are an essential part of the program. Diagnostic teaching which takes into account individual differences logically follows. Particular attention should be given to the development of the child's abilities to communicate both receptively and expressively. The receptive abilities of lipreading, reading, and audition should be assessed frequently. Language expression which includes speech and written language are critical to the mental development of the child.

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Suggestions Regarding Failure to Follow the Trade Learned in School

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A continuing problem for schools for the deaf is the fact that a large proportion of their former pupils fail to go into fields of work in which they have received vocational training. This includes those completing the course as well as those not doing so. Surveys and studies of after-school activity have repeatedly stressed that fact.[1, 2, 3, 4] Since such vocational training takes over a considerable part of the function of schools for the deaf, requiring elaborate and expensive plant provision, equipment and servicing facilities, and requiring qualified instructional and guidance organization, it becomes a matter of real concern as to whether such effort is in the long run justified as a proper educational investment.

One view holds that the skilled trades, those for which intensive prior training and apprenticeship are necessary, call for a degree of competence which the average school for the deaf is not able to provide.[5] The concentrated preliminary training required for numerous trades could not possibly be supplied by a school for the deaf in more than a very few lines. The obstacles, aside from those of expense and organization, include such limitations as pupils reaching a leaving age before having completed the course, the difficulties of imparting collateral skills in language and speech, considerations of personality and social maturity, and a concentration on preparation for high school and college in the case of those better equipped intellectually instead of preparing them for the crafts and skilled trades. In consequence the schools have claimed the training needs for the industrial labor market are satisfied if their pupils are provided with *general* trades experience, that is, training which imparts mechanical skills, a knowledge of the use of tools and the handling of machinery, and acquaintance with the broad trades practices. This type of training thus broadens the possibility of obtaining employment, since the basic, mechanical skills are applicable in a great variety of fields of work. If this assumption is correct, there is less reason for alarm over the cry that former pupils of schools for the deaf do not in large part pursue the trades for which a training program had been provided.

It is further contended no great loss is sustained when former pupils, despite skilled crafts training obtained in school, turn off from the crafts to obtain employment in mass production indus-

try where specialized trades skills are apparently not of immediate moment. The argument is that those special skills "are simply transferred at one point or another in mass production processes and there are opportunities for craftsmen on occasion."[6] A similar vein of thinking is offered in a recent report on the work of schools for the deaf in Mexico.[7]

A recent study reported in the *American Journal of Sociology* offers further encouraging suggestions for schools for the deaf in their vocational training effort.[8] In that study an analysis was made of three separate groups of graduate university students with respect to development of personal identification with an occupation. The more closely such an identification was achieved, the greater was the likelihood that the individual would continue in the occupation.

The attachment, and so an increased probability that the worker would remain in an occupation or a trade for which he had received preparatory training, may be brought about by a number of "mechanisms," operating as socio-psychological forces.

A number of students had entered upon graduate study in physiology after having failed of acceptance in medical schools. They took this step originally, not out of any particular fascination such study held for them, but rather as a stopgap or to further the probability that later application for admission to medical study would be successful. But influences in the new field in time wrought a change in attitude. The close association between student and professor in the laboratory, the community of interest among students in the same department, also over laboratory experiments and during coffee breaks in the snack bar, the gradual acceptance of a specialized ideology with respect to physiology as a science which held possibility of great benefit to the human race and so establishing its worthwhileness as a career, the building within the individual of a clear understanding of the whys and wherefores of the science and the opportunities for growth in it, an awareness by the student that he was making an appreciable time and effort investment in the field that should not be lightly written off, the acquirement of a pride in the specialized type of labor, and finally the sponsorship of the department professors in locating attractive placement with a consequent "obligation" on the part of the student to "make good"—all of these were the mechanisms which imparted a wish to continue in the same field after leaving the halls of the university. The combined force of these influences had made the prospects of the occupation so compelling that it may be said it had already become ingrained as part of the life of the individual, a sort of predisposition to make it the one and only occupation.

For a second group of graduate students, in engineering, there was little question concerning the problem of continuance "within the trade." All of their prior student experience in schools of engineering, the assurance of lucrative positions avail-

able after graduate study was over, had oriented them in one direction, so there could be little likelihood they would not follow the trade for which they had been trained even if all the "mechanisms" true in the case of the physiology students were not present.

A third group, philosophy majors in graduate school, had still another type of background. Few came with a full "philosophy" program already completed (as was the case of the engineers with prior engineering education), lacking were the influences so marked for the physiology majors (namely, the close social and psychological associations of the laboratories and related activities that built in the physiology-career impulse), with the resulting failure to develop an identification with philosophy as an "occupation."

The implications of such findings are far more than academic. They hold real meaning for the work of schools for the deaf. If pupils after leaving do find an adequate livelihood in those fields in which those schools had expended considerable vocational training effort, the training may be regarded as worth while, successful. That effort, in the light of research findings in kindred areas, may well be enhanced if certain acceptable "mechanisms" are brought into play, to induce in pupils a favorable attitude toward the occupations in which they are training to assure that training is not "wasted." Involved in such a program would be prior experience in at least a general shop curriculum, encouragement to a pride of trade as a substitute for "going through the motions," a friendly, sympathetic association between instructor and pupils, growth of a "trade solidarity," a kind of trade kinship among the pupils within a shop, something like the feeling generated among members of the same athletic squad from sharing the same training table and drill and team experiences, a grasp of the social meaning of the trade, an understanding of the "tricks" of the trade, a realization that the time and work put into the training are not to be regarded cheaply but should be considered in the nature of an investment that can produce in a positive way later in after-school years, and a "cooperative" sponsorship on the part of the instructors and the school in general by which the pupil is placed in a job, "cooperative" in the sense the pupil will feel sufficiently appreciative of what has been done for him to warrant exertion on his part not to let his sponsoring school down.

The school really progressive will give as much heed to its vocational as to its academic program. Many of our schools do have this outlook. But a program is more than the physical machinery and equipment. It must take into account the social and psychological elements that alone can breathe continuing life into the tools and the machinery and into the occupation which they energize. In other words, the vocation must not only be implemented mechanically, it must be personalized.

Gallaudet College has started a series of bulletins on "Successful Careers," in its publications, highlighting the lifework of its graduates, the purpose being to indicate, if there be such need, that specialized and advanced training is worth while in end results. A noteworthy feature of the career stories is the basic value assigned to the influences in the college training that contributed to success. Particularly is this true in such fields as chemistry and mathematics, in library training, in art work, in the area of home economics, in the college print shop, where the classroom and laboratory relationships between student and professor take on a personalized nature, producing a student attitude which may be expressed as a will to succeed, a thorough identification with the special field of activity.

In conclusion, it is the theme of this discussion that the power of vocational preparation offered in schools for the deaf can be kept high if certain attitudes are woven into the program of instruction. These could include the personal camaraderie that comes from members of a group working together under common conditions for a common purpose and in a situation where there is grasp of the meaning of the activities both for society in general and for the individual engaged in it himself. These attitudes should include realization that the training is a definite kind of personal investment, just as if it were money in the bank, from which satisfactory dividend is sure to issue, and finally the school itself through the instructor or other official representative must take the cause of the vocational trainee close to heart, sufficient to arouse in the latter a confidence and an urge that he cannot be a disappointment to his instructor and his school so that it may not be said he failed to follow the trade into which so much effort has been poured. All of these factors may be intangible considerations, supplementing the training in the manipulative skills of a trade, but they are nonetheless potent in possibilities.

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Some Further Observations on the Written Sentence Construction of Profoundly Deaf Children

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An article (1) by the present writer previously appeared in the *American Annals of the Deaf* giving the results of a piece of research into the written sentence construction of 102 children under the age 12.11 years and born profoundly deaf. The children studied all attended the same Australian School for the Deaf and stages were apparent in the unaided written sentence construction of these children, types of sentences used being the criteria in determining these stages (2). There was evidence of an order of emergence of various constructions and parts of speech in the children's unaided written language (3).

It has been stated (4) in the previous investigation: "It must be remembered, however, that while the group of children tested was probably representative of Australian deaf children of similar age and degree and cause of deafness, the fact that all the children attended one school may have had some bearing on the order of emergence of language forms. It therefore cannot be assumed that a similar study of children in other schools would produce an identical pattern of development; curriculum emphasis in the school which these children attended may have been influencing this particular pattern of development." In order to see whether this pattern of development would be apparent in children from other schools, the composition section (5) of the previous test was administered by the present writer to a small number of children from each of three Australian and four English schools for the deaf, making a total of 58 children. The children were all under the age of 12.11 years and their class teachers had stated their history to be profoundly deaf from birth. They thus corresponded in age and degree of deafness to the group previously studied from one Australian school. This school was one of the three Australian schools included in the present investigation.

The composition involved writing a story about a sequence

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(1) "A Study of the Written Sentence Construction of a Group of Profoundly Deaf Children," *American Annals of the Deaf*, Vol. 100, No. 2, March 1955, pp. 235-252
(2) *Ibid.* pp. 250-251
(3) *Ibid.* pp. 251
(4) *Ibid.* pp. 251-252
(5) Test D, see *ibid.* p 239

of nine pictures. It was possible to classify the compositions from seven different schools into the stages apparent in the previous study with certain variations:—

A. The most advanced stage in the previous investigation was determined by the ability to write a correct compound sentence, which was in all cases a two clause sentence joined by the preposition "and." In the present investigation more advanced sentences were used in the best compositions, with a wider range of conjunctions. This was true also of present compositions from the school used in the previous investigation. Some children who did not use a correct compound sentence with a conjunction used a two clause sentence involving direct speech. This included children from the school used in the previous investigation.

B. As in the previous investigation there were some children who were able to write a correct simple sentence and attempted compound sentences but failed to write a completely correct compound sentence.

C. As in the previous investigation there were some children who confined themselves to simple sentences which they could use with complete correctness at least sometimes and other children who attempted to use compound sentences but used neither simple nor compound sentences with complete correctness.

D. Again as in the previous investigation some children attempted to use simple sentences only, and failed to construct even one of these with complete correctness.

E. In the present investigation there were no children who used nouns and articles only, failing to use verbs. There had been children as young as 6.0 years included in the previous investigation but the youngest child in the present investigation was 9 years 11 months; this may account for the emergence of this lowest stage in the previous investigation but not in the present investigation.

The following observations were made on the emergence of parts of speech and constructions:

1. For the reasons given above under E there was no evidence whether nouns and articles merged first, as was the case in the previous investigation, but certainly two very poor compositions used nouns, articles and verbs only.

2. All the children tested attempted to use verbs but two children made no attempt to use prepositions, which again seemed to be the next most commonly used part of speech. It still seemed to be true that the use of transitive verbs followed by noun objects and use of intransitive verbs followed by prepositional phrases emerged at much the same time although one of the two children who did not use prepositions used intransitive verbs only.

3. It had seemed in the previous investigation that the use of conjunctions to join two principal clauses and the use of

pronouns might emerge together but in the present investigation there were six compositions in which children used correct pronouns but did not attempt to use conjunctions to join clauses. These included one composition from the school used in the previous investigation. All the children who used pronouns were, however, at a stage of using a correct simple sentence. In the present investigation, as in the previous one, some children who were at the stage of using correct compound sentences were still not attempting to use pronouns.

4. In the previous investigation no child who had not achieved at least one correct compound sentence with a conjunction attempted to use an apostrophe or direct speech. In the present investigation one child who was attempting to use a compound sentence with a conjunction but without achieving complete accuracy used an apostrophe correctly. There was more extensive use of direct speech in the present investigation, and its use was not confined to children who were at the most advanced stage; this was true of the present children from the school used in the previous investigation. Indeed, one child who could not write a correct simple sentence attempted to use direct speech. Three children used a correct compound direct speech sentence but made no attempt to use compound sentences with conjunctions.

In the present compositions there were three instances of the use of indirect speech. (These were not from the school used in the previous investigation.)

5. From the school previously used and from other schools in general there were parts of speech and types of constructions used in the present compositions that were not used in the compositions for the previous investigation. There was use of both adjectives and adverbs in the present compositions, including the compositions from the school used in the previous investigation. Prepositional phrases were the most commonly used phrases in all the schools, but there was some use of adjectives in phrases by children from English schools. Other variations which appeared in the present investigation but not in the previous one, were use of negatives, infinitives and interrogatives; these were also used by present children from the school of the previous investigation. From two schools other than the one which had been used in the previous investigation there occurred verb forms which were not used by any of the other schools. There were use of conditionals, use of the present participle following a verb and use of the past perfect tense.

In conclusion, it would seem that while there were distinct similarities between the pattern of development revealed in the previous study of one school and that shown in the present study of seven schools, there were also many variations. The similarities are a reminder of the common problems of deaf children in learning language but the variations indicate dif-

ferences from school to school. Whether the particular method of teaching, or the curriculum emphasis at a school, or characteristics in the group, was responsible for the pattern of development in a school could not be determined. The fact that from the school used in the previous investigation there were variations in the language usage of the present age group suggests again that changes within a school make for differences in language development: it can only be surmised that these changes could possibly be changes of staff, of curriculum, of teaching method or of children themselves. In this particular case the wider range of language used by the present children of the school in question may be partly the result of curriculum revision made on the basis of the previous investigation. The factors that in the previous investigation (6) appeared to be related to written language development were learning quotient, age of commencing school and length of time at school; this information was not available in the present investigation and it may have been that variations in these factors in the groups tested had some bearing on the variations in unaided written language.

(6) *Ibid.* p. 252

D. Robert Frisina Appointed Associate Editor

Announcement of the appointment of D. Robert Frisina, Director of the Hearing and Speech Center since 1957 and Professor of Audiology since 1956 at Gallaudet College, as Associate Editor of the AMERICAN ANNALS OF THE DEAF, has been made by Marshall S. Hester, President of the Conference of Executives of American Schools for the Deaf.

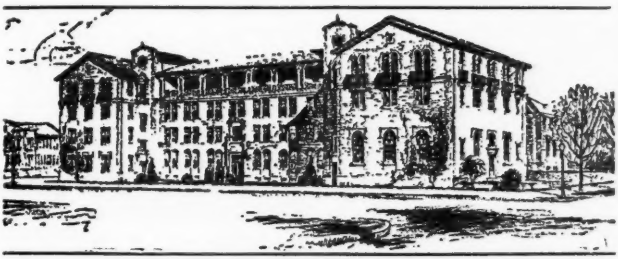
In 1949 Dr. Frisina received his A.B. from Westminster College in Fulton, Mo., his M.A. from Gallaudet College in Washington, D. C., in 1950, and his Ph.D. from Northwestern University in 1955 where he studied in the areas of Audiology and Psychology. His doctoral thesis was "A Psychological Study of the Mentally Retarded Deaf Child."

Dr. Frisina served as a supervisor at the Missouri School for the Deaf from 1947 to 1949 and was a member of the educational staff during 1950–51. He was an instructor in The Kendall School for the Deaf and Gallaudet College from 1951 to 1952. While at Northwestern University he served as a graduate assistant in the Children's Hearing and Aphasia Clinic, Assistant Professor of Audiology, Chief Clinician and Research Associate, Institute for Language Disorders in Children.

Dr. Frisina is a member of the American Academy for the Advancement of Science, the American Speech and Hearing Association, the American Psychological Association, The Convention of American Instructors of the Deaf, in which at present he serves as Chairman of the Section on Research, The Council for Exceptional Children, The District of Columbia Psychological Association, The Educational Press Association, and is a member of the Committee on Parent Education of The Conference of Executives of American Schools for the Deaf and The American Acoustical Society. During World War II he served as a pilot in the Army Air Forces.

During the past few years Dr. Frisina has contributed articles on the education of the deaf to The *Volta Review*, The *Gallaudet College Bulletin Series*, The *Catholic University Workshop Bulletin on Special Education*, The *Proceedings* of the Convention of American Instructors of the Deaf, The *Journal of Exceptional Children*, and The AMERICAN ANNALS OF THE DEAF.

THE Language Outline prepared by the members of the faculty at Central Institute for the Deaf, St. Louis, Mo., has been reprinted for the fourth time since it was originally published in the AMERICAN ANNALS OF THE DEAF in September, 1950. Copies may be obtained for fifty cents. Orders may be sent to the AMERICAN ANNALS OF THE DEAF, Gallaudet College, Washington 2, D. C.



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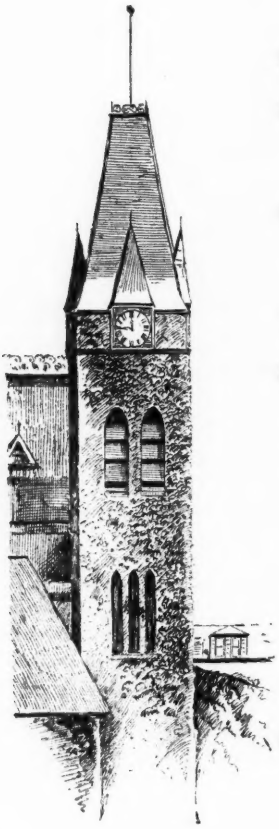

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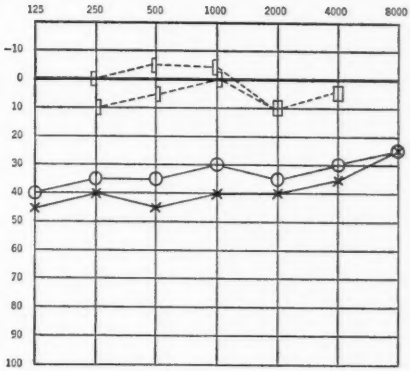

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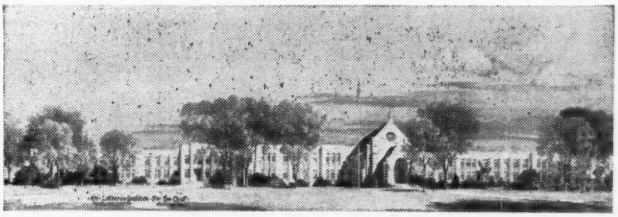

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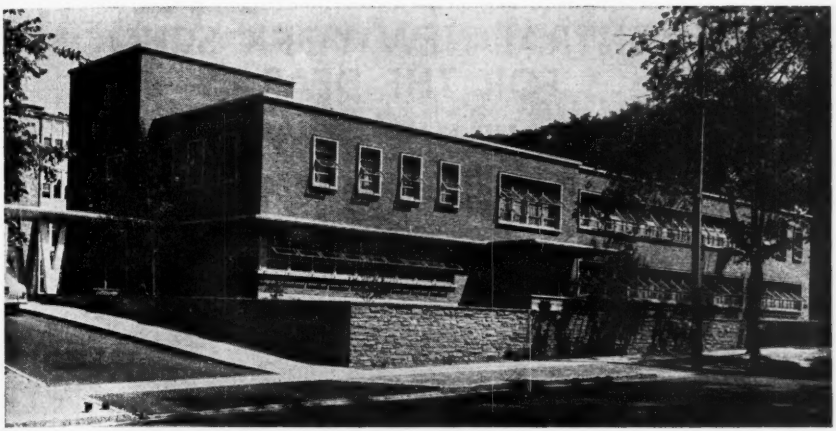

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announces the opening of its Summer Residence School for 1959.

THE SCHOOL IS FOR

hard of hearing and deaf children. They are provided with a rehabilitation program including auditory training, lipreading, speech and language activities, and, where desirable, the selection and evaluation of hearing aids.

children with articulatory difficulties. These children are given training to correct distorted, substituted and omitted sounds.

children who stutter. Their training helps them speak with less effort and strain, and aids them in making the necessary emotional adjustments toward speech experiences.

children with cleft-palate speech. Instruction is given to improve their voice quality, and to make their pronunciation more distinct and intelligible.

COST OF THE SCHOOL

for the full term is $375.00 per child. This amount includes instruction, testing and continuous diagnosis, health services, recreation, supervision, and board and room. Bed linen and blankets are furnished by the School. Towels, clothing and personal laundry are provided by the child. Spending money should be limited to $10.00 for the entire period. It should cover all incidental expenses and is supervised by the Staff in the interest of health and general morale.

FOR INFORMATION, WRITE TO

DR. LOUIS M. DiCARLO, *Executive Director*
Syracuse University
Gordon D. Hoople Hearing and Speech Center
805 South Crouse Avenue
Syracuse 10, New York

Est. 1875

THE CENTRAL NEW YORK SCHOOL FOR THE DEAF

ROME 1, NEW YORK

Oral education for the deaf: Residential and Day School—co-ed, ages 3–20, Nursery, Kindergarten, Grades I–VIII, High School 1–4, Academic-Vocational. 70 Boys, 60 Girls. This Public-Private School provides speech and speech reading and auricular program, combining residential-day school and home environment plus religious emphasis program, to develop deaf pupils to become "all He or She is Capable of Being."

Free State Appointment Scholarships to Residents

Out of State Room, Board and Tuition $3,000 per Year

The Central New York School for the Deaf, as its name implies, is located in the very heart of New York State. It is situated in the City of Rome—"The Christmas City," "The Copper City," "Winter Wonderland," and a place where "there is time for living."

The program for the School is oral. The children are well behaved, normal, intelligent and the atmosphere of the school is friendly and home-like.

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SALARY SCHEDULE

	B Schedule	A Schedule
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2.	4800	5100
3.	4900	5200
4.	5100	5400
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6.	5500	5800
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THE

1959 AMERICAN ANNALS

OF THE DEAF

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AMERICAN ANNALS OF THE DEAF

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A COMBINATION FREE FIELD AUDITORY TRAINING UNIT AND A WEARABLE HEARING AID

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The WARREN W-1 uses FIVE TRANSITORS in a revolutionary new stabilized, low distortion circuit. The W-1 is easily capable of driving a pair of miniature receivers to their full undistorted output.

WARREN
"WALK-AWAY" MODEL W-1

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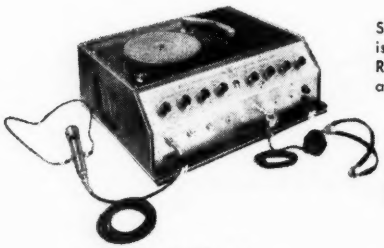

WARREN MODEL T-2
Custom Built Professional Model

ANNOUNCING THE NEW WARREN "FREE FIELD" MAGNETIC AUDITORY TRAINING SYSTEM

The engineers who first made AUDITORY TRAINING OF THE DEAF a perfected reality with the development of GATED COMPRESSION AMPLIFICATION, have now expanded that system for use with the new MODEL W-1 WEARABLE AUDITORY TRAINING UNIT.

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The new WARREN "FREE FIELD" MAGNETIC AUDITORY TRAINING SYSTEM is certain to revolutionize the field because it's many advantages MAKE THE TEACHING JOB EASIER —THE LEARNING FASTER. We, or our representatives, will gladly acquaint you with full details on this "YEARS AHEAD" equipment.

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INFORMATION FOR PARENTS OF DEAF CHILDREN

The members of the Conference of Executives of American Schools for the Deaf, founded in the year 1868, have arranged for periodic distribution of packets of reprints for parents of deaf children. It is the desire of the Conference members to help the parents become more acutely aware of the educational aspects of deafness and the potentialities of their children with impaired hearing.

The AMERICAN ANNALS OF THE DEAF, Gallaudet College, Washington 2, D. C., the official journal of the Conference of Executives of American Schools for the Deaf, is the distributing agent for these packets.

The packet for 1959 containing six reprints is now available for purchase at fifty cents. A discount is allowed on orders for lots of twenty-five or more and for a hundred or more.

Membership

THE CONVENTION OF AMERICAN INSTRUCTORS OF THE DEAF

Information concerning membership in the Convention of American Instructors of the Deaf may be obtained from the Treasurer of the Convention, Thomas Dillon, New Mexico School for the Deaf, Santa Fe, New Mexico. Annual membership dues are $2.00. All teachers of the deaf in the United States and Canada are eligible for membership. Members of the Convention receive a copy of the printed *Proceedings* of the Convention of American Instructors of the Deaf. Those desiring subscriptions to the *American Annals of the Deaf* should write to the Editor, Gallaudet College, Washington 2, D. C. The yearly subscription rate is $4.00.

THE 39th REGULAR MEETING

of the

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OF THE DEAF

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FOR THE DEAF AND BLIND

COLORADO SPRINGS, COLORADO

JUNE 28–JULY 3, 1959

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October, 1870
April, 1892
January, 1895
April, 1895
January, 1906
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May, 1912
September, 1915
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September, 1953
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September, 1955
March, 1956
January, 1957
September, 1957
November, 1957
January, 1958
March, 1958

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Founded 1868

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FOUNDED 1850

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